

ACE AMERICAN INSURANCE COMPANY
Philadelphia, PA. 19103

ENROLLMENT / WAIVER FORM
THOMAS JEFFERSON NATIONAL ACCELERATOR FACILITY
STUDENT ACCIDENT & SICKNESS INSURANCE PLAN
2003-2004
Policy GLMN0019125

STUDENT SS# _____

STUDENT'S NAME _____
(Please Print) (Last) (First) (MI)

Address _____
(Street) (City) (State) (Zip)

ENROLLMENT ☐ Please **enroll** me and my dependents, if any, in the Student Accident and Sickness Insurance Plan. I understand coverage will become effective on the later of October 1, 2003, or the date the Enrollment Form and full premium are received by the ACE American Insurance Company or Program Administrator.

Student:	\$ 62.00	Monthly Premium	_____
Spouse:	\$122.00	Number of Months	X _____
Child(ren)	\$ 99.00		
		Total Cost	= _____

DEPENDENT INFORMATION (IF ANY ENROLLED)

Name _____ SS# _____ Relationship _____ Date of Birth _____

Effective Date: _____ Expiration Date: _____

WAIVER ☐ I wish to **waive** enrollment in the Student Accident & Sickness Insurance Plan due to the fact that I am covered by:

Name of Insurance Company _____ Policy # _____

Signature _____ Date: _____

MAIL TO: Jefferson Lab, User Liaison Office, Attention: Karen Chandler
Mail Stop 12B, 1200 Jefferson Ave., Newport News, VA 23606

Make all checks payable to: ACE American Insurance Company

Jefferson Lab Student 2003-2004